Massachusetts Balance of State Continuum of Care Application

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1A-1 CoC Name and Number: MA-516 Massachusetts Balance of State (B0S) CoC

1A-2 Collaborative Applicant Name: Department of Housing and Community Development

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership?   Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?   Bi-Monthly

IB-3 Does the CoC include membership of a homeless or formerly homeless person?   Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.   Advisor, Community Advocate

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

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1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Planning Group	This is the large group, and general membership of the CoC. The group meets at minimum bi-monthly for the purposes of information dissemination, training, planning and strategy development. This larger group has acted in the capacity of the Advisory Board for voting purposes prior to the full implementation of the Board.	Bi-Monthly	DHCD, DPH, DMH, Father Bills, RCAP, City of Lawrence, Advocates Inc, BayCOV, Caritas, Eliot Community Human Services, HAP, Housing Families, HomeStart, Just a Start, JRI, MHSA, SMOC, Pine Street Inn, Veterans Inc, VinFin, Neighborhood Developers etc.
1C-1.2	Project Review and Selection Committee	The Project Review Committee makes impartial funding recommendations following the CoC Conflict of Interest policy and state competitive procurement requirements. The Committee uses objective scoring criteria set by Advisory Board. The Committee first meets to get team assignments, and review the use of scoring tools, then members review/score assigned procurement responses/CoC applications/QPRs. Each team then reaches consensus by e-mail/conference call on each overall score. The Committee then convenes a final meeting to review all scores, rank, and make selections.	Semi-Annually	DHCD (5); Richard Rankin, Data Remedies; Sue White, Vinfen; Laura Rossi, Housing Families Inc.; Laura Glynn, Saugus Housing Authority; Mark Alston Follonsbee, Somerville Homeless Coalition
1C-1.3	HMIS Committee	This committee's role is to improve the usefulness/accuracy of HMIS data available to the CoC on homeless and 'at risk'	Quarterly	DHCD (2); Massachusetts Housing and Shelter Alliance, DPH, DMH, South Middlesex Opportunity Council, RCAP, The Latin American Health Institute

1C-1.4	ICHH Committee	The CoC has adopted the MA 10 Year Plan to End Homelessness and the complementary Opening Doors Plans to End Homelessness. The implementation of this plan by the MA BoS CoC, in conjunction with the MA ICHH is the responsibility of the advisory board with support and guidance from the ICHH Committee. This Committee works with the full CoC/Planning Group in supporting its goals and the goals of the corresponding Opening Doors Plan. This includes discharge planning from the various state agency systems of care.)	Bi-Monthly	DHCD, DPH, DMH, DOC and DTA.
1C-1.5	Advisory Board	The Advisory Board provides lLeadership to leverage and prioritize the effective use of public/private resources. Coordinates the MA BoS CoC's activities to further the implementation efforts of the MA 10 Year Plan to End Homelessness. Prioritization of new and renewal projects funded through the US Department of Housing and Urban Development's Continuum of Care Program. Oversight of the operation of the Continuum of Care in accordance with HUD's Continuum of Care Regulations. Oversight of the MA BoS's Homeless Management Information System (HMIS.) Oversight of Continuum of Care Planning in accordance with HUD's Continuum of Care regulations.	Quarterly	DHCD, DPH, DMH, DVS, DCF, Advocates Inc, Housing Families, Father Bills / Mainspring, HarborCOV, Homestart, MHSA, Metrowest Legal Services, Catholic Social Services, University of Massachusetts –Boston.

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

The MA Balance of State CoC Planning group has membership from nonprofits, housing authorities, state agencies, advocacy groups, and property developers. This is an open meeting where participants are asked to invite anyone they know that would be interested or might have insight to benefit the group. The group represents the full membership of the CoC and was involved in developing the current CoC Governance Charter. Another example of inclusivity is the Project Review and Ranking Committee that is made up of state agencies, providers from both within and outside the BoS CoC, a CoC Housing Authority Director and a representative from a property developer. Finally, the Advisory Board, once slated, will actively solicit feedback and follow up on issues and complaints discovered as a result of that solicitation.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
 (limit 750 characters)

CoC's annual Request for Responses (RFR) lists all selection/scoring criteria including: APR performance results; HMIS data quality; cost per person served; organizational experience and capacity; documentation of CoC participation; and match/leverage. The CoC Performance Review Committee forms small teams with no potential conflicts of interest. Teams independently score projects using the tool entitled "CoC Rating and Review Document," attached to this application. They arrive at final team consensus scores and then all teams rank the responses together. This ranking is presented to the Advisory Board which may take factors into consideration and adjust project ranking accordingly; including if a project solely provides a key service to the CoC that could, if eliminated, harm the CoC or the homeless persons within its geographic area.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
 (limit 1000 characters)

The CoC reviews projects at two points during the year. Projects are reviewed at the point of APR submission and at the time of the NOFA for the purposes of project ranking. In both cases, HMIS data elements are utilized to perform the review including income at entry and exit, exit destination, and income sources. With the recent planning grant, the CoC has been able to develop project monitoring that, once fully implemented, will include desk reviews and physical site monitoring. A more in-depth review of the project, examining the project's outcomes will be in integral part of this structure. It is our hope that this increased capacity will result in a better administrative understanding of the projects and the struggles they face; positioning the CoC to better support the projects and their staff.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

The Collaborative Applicant issues a competitive procurement seeking applications for PSH projects. The CA maintains a homeless Assistance List of organizations who inquired about or received CoC/ESG funds in the past & notifies these entities when an RFR is posted/and how to access it. The RFR details the review process and scoring/selection criteria. A respondent not selected for funding is notified in writing and provided an opportunity for a de-briefing with the Chair or Team that evaluated/scored (by consensus) its response. At this meeting, respondents are told how they scored on each of the criteria. The Chair/Team Leader explains what the respondent would need to have provided to score higher. This year's new project application was awarded to an applicant that has never received CoC funds from the Balance of State CoC.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.

01/30/2013

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?

Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

Not Applicable

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)

Not Applicable

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.
(limit 1000 characters)

As the Collaborative Applicant, DHCD is also the HMIS lead in accordance with the formal HMIS Governance agreement and is ultimately responsible for compliance with the CoC Program Interim Rule, the 2010 HMIS Data Standards and related HUD notices. The CoC has a formal HMIS Governance agreement that ensures that the HMIS lead administers the HMIS in compliance with the CoC Program interim rule and the 2010 HMIS Data Standards. In addition, the HMIS Committee provides guidance and support to the HMIS lead in order to ensure the HMIS is administered in accordance with these standards. The HMIS Committee works closely with the HMIS lead to ensure that the HMIS Policies and Procedures Manual is updated and in compliance with all HUD HMIS policies. The HMIS lead is responsible for updating the HMIS manual and disseminating these changes and updates to all HMIS users. Through routine reports, the HMIS committee provides regular updates to the CoC Advisory Board on any changes in HMIS policy guidance and steps taken to inform and train the provider community of these HMIS changes.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead?
If yes, a copy must be attached.   Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan.
(limit 1000 characters)

The HMIS lead developed and promulgated the CoC's HMIS Privacy Plan, HMIS Security Plan, and the Data Quality Plan on July 9, 2009 in accordance with HUD HMIS guidance at the time. The CoC's HMIS Committee also provided feedback and input in the development of each of these plans. With support from the HMIS Committee, the HMIS lead reviews and makes appropriate, timely updates semiannually (at a minimum). These plans were last updated on January 8, 2013. The HMIS is planning to receive HUD HMIS TA to assist in the next scheduled update of these plans to ensure they are consistent with best practices.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).   Efforts to Outcomes (ETO)

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).   Social Solutions Inc.

2A-6 Does the CoC plan to change the HMIS software within the next 18 months?   No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Regional (multiple CoCs)

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) MA-516 Massachusetts Balance of State (B0S) CoC, MA-508 - Lowell CoC, MA-511 - Quincy/Weymouth CoC, MA-507 - Pittsfield/Northampton/Berkshire, Franklin, Hampshire Counties CoC, MA-517 - Somerville CoC, MA-518 - Brookline/Newton CoC, MA-503 - Cape Cod Islands CoC, MA-520 - Brockton/Plymouth City & County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$85,600
ESG	$75,000
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$160,600

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$0
State	$899,190
State and Local - Total Amount	$899,190

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-3.6 Total Budget for Operating Year	$1,059,790

2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

Not Applicable

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* **Emergency shelter**	86%+
* **Safe Haven (SH) beds**	Housing type does not exist in CoC
* **Transitional Housing (TH) beds**	86%+
* **Rapid Re-Housing (RRH) beds**	86%+
* **Permanent Supportive Housing (PSH) beds**	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage?   Semi-Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

 not applicable

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

 not applicable

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	176
Transitional Housing	4
Safe Haven	0
Permanent Supportive Housing	41
Rapid Re-housing	17

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	2%
Date of birth	1%
Ethnicity	29%
Race	28%
Gender	13%
Veteran status	16%
Disabling condition	44%
Residence prior to program entry	18%
Zip Code of last permanent address	20%
Housing status	44%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.).
(limit 1000 characters)

The Collaborative Applicant, DHCD (HMIS lead) develops and prepares all APRs, the CAPER, and the AHAR reports using HMIS generated data. As needed, the HMIS lead also has the capability to produce daily census reports, system wide demographic reports, data quality assessment and other programmatic reports using HMIS generated date to support CoC planning efforts and the efforts of the CoC's Advisory Board and Committees.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data?   Semi-Annually

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

DHCD is the HMIS lead for the CoC. HMIS protocols require that all APRs be submitted to DHCD within 30 days after the end of the project year. The APR is reviewed in detail, including cross referencing related information that is contained in different questions. The APR review process assesses data quality, performance and compliance issues. When projects are comprised of multiple programs, separate APRs may be submitted in order to localize and address data quality issues. The MA BoS CoC HMIS Coordinator works both with sponsors and directly with providers to identify and fix all data quality issues. This process includes phone calls, "go-to-meetings" and in-person trainings to ensure that the data is correct and that learning needs have been addressed. The data is reconciled within the remaining 60 days so that a high quality APR can be submitted on time in E-snaps.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data?   Semi-Annually

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Semi-Annually
* Using data for program management	Semi-Annually
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.   Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Attached to this application is a document entitled "HMIS Policies and Procedures." Page three of that document includes an outline of responsibilities including data entry, data quality and oversight. Among the list of specific items on these lists are entry and exit assessments and bed registry.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?   Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):   01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?   Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		100%		
Transitional Housing		100%		
Safe Havens				

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

There was an increase in the sheltered point in time count this year. The increase was in every category .   and is due, in large part, to an increase in the geographic area that comprises the CoC. Last year, the MA Balance of State CoC included, for the first time, the city of Lawrence, MA. Incorporating the city's emergency shelter increased the CoC's shelter capacity by 284 accounting for the entire increase, save three.

Adding the Lawrence's transitional housing programs increased the CoC's transitional housing capacity by 100 beds accounting for the entire increase.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

2H-2 If other, provide a detailed description.
(limit 750 characters)

 Not Applicable

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

The MA Balance of State (BoS) CoC sends a Data Collection Survey, and instructions for completing the survey to each ES / TH provider operating a program within the Balance of State. Program staff complete the PIT Data Collection Survey with information on each household in residence the night of the count and return the survey to the CoC. The Survey requests detailed information on program capacity, the population served, the number of beds filled, composition of households, and the subpopulation information. The CoC's HMIS specialist then runs a report on each shelter for the night of the PIT. The HMIS reports were compared to the Data Collection Survey results and any discrepancies between the two reports are resolved with the provider to ensure that the HMIS data is accurate.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: **(if Sample of PIT interviews plus extrapolation** **is selected)**	
Provider expertise:	X
Interviews:	X
Non-HMIS client level information:	X
Other:	

2I-2 If other, provide a detailed description.
(limit 750 characters)

not applicable

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

DHCD sent a survey to all transitional and emergency shelters that included the sub-population fields. Shelter staff were required to provide sub-population data on each adult sheltered that night. In family shelters and small to medium unaccompanied adult shelters, the information was generally known to staff and it was also in HMIS. For large shelters where people line up outside as the shelter opens between 4:00PM and 5:00PM, assessment data may not be in HMIS and HMIS universal data elements don't provide sub-population data. In these cases, staff enter the data based on their knowledge of the shelter resident or by conducting interviews. Later, HMIS staff produced reports that show the characteristics and # of households. Any discrepancies between the survey and the HMIS reports are resolved in follow up conversations with providers.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	X
Follow-up	X
HMIS:	X
Non-HMIS de-duplication :	
Other:	

2J-2 If other, provide a detailed description.
(limit 750 characters)

 not applicable

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

DHCD conducted a webinar for shelter providers in October, 2012 where the survey tool was introduced and reviewed. The CoC conducted the count at night, when households would be present. Using the survey, staff collected the required data on the households in the shelter during the PIT count hours and returned the completed survey to the CoC. The CoC then ran an HMIS report for each shelter to compare HMIS against the PIT Survey. DHCD resolved discrepancies with providers by reviewing case records to verify information accuracy and to follow up with the corrections to be made in HMIS. Program level data is generally tracked in HMIS, but we ask shelter to provide it so we can determine the level of consistency between HMIS and staff observations and interviews. Most shelters need to conduct some interviews to identify sub-population data.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?   Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

There was an increase in the sheltered point in time count this year from 13 to 28. The increase is due to an increase in the geographic area that comprises the CoC. Last year, the Balance of State CoC included, for the first time, the city of Lawrence, MA. The count of unsheltered persons in the CoC outside of Lawrence this year was 12, a reduction of 1. 16 were found in Lawrence this year, the same number as the year before.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	
Other:	

2L-2 If other, provide a detailed description.
(limit 750 characters)

Not Applicable

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

The CoC utilizes the assistance of local police in each community for our unsheltered count. DHCD provides a letter with instruction to each Police Chief annually with the request for assistance. Each Police Dept. assigns patrol officers to locate unsheltered persons by going to locations/public places where homeless individuals have been identified in the past or might otherwise be found. Generally, the assigned officer has some acquaintance with unsheltered persons in the community and knows or will interview the person to get the PIT information. The provider community in Lawrence, which has a higher concentration of unsheltered persons, conducts a street count. When teams encounter people they know they conducted interviews.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count:　　　Complete Coverage

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:

Training:	X
"Blitz" count:	
Unique identifier:	
Survey question:	
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description.
(limit 750 characters)

 not applicable

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here.
 (limit 750 characters)

Unsheltered homeless persons were all counted on a single night. The CoC provided training via an October webinar and written communication up through the night of the census. The survey used, specifically asked where the person slept the night of the census. Since unsheltered persons were counted by where they slept that night, they could not have been counted doubly.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		543	516	490
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	175	207	285	330
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		0	27	26
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		0%	99%	99%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		32	78	45

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

The MA Governor's Plan to end homelessness and the CoC's plans are closely aligned. The CoC has reallocated $499,000 to provide 25 new units of permanently supported housing to chronically homeless households. These households will include both chronically homeless individuals, and chronically homeless families for an estimated total of 78 persons. In addition, the CoC was able to garner commitments from sub-recipients to provide chronic homeless priority for close to every PSH bed not currently dedicated to the chronically homeless that become vacant through attrition. The Project Review and Ranking Committee will monitor the progress in the transition of these units. The CoC intends to engage in the same processes next year including the reallocation of funding for services able to be funded by a different financial resource or from underperforming projects into PSH.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

Through the work of the Federal Grants Unit, the Massachusetts Department of Housing and Community Development will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS Yes
projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	949	1000	1000
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	825	880	890
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	87%	88%	89%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

DHCD, the Collaborative Applicant, is increasing staffing on a permanent basis. The new staff provides increased monitoring and increased technical assistance to quickly identify any emerging threats to participant stability and to act immediately to resolve these problems. New staff will enhance the tracking of each project on a quarterly basis thus providing insight into specific program concerns as well as system-wide concerns that may reflect seasonal trends, economic conditions, etc. This information will enable CoC staff to create long-term solutions to problems it identifies including innovative training for program staff, identification of additional resources for services, and assessment of changes in landlord practices and protocols where relevant. The CoC considers the long term stability in PH as one of the key goals it strives for in its effort to address homelessness in the CoC.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

Through the work of the Federal Grants Unit, the Massachusetts Department of Housing and Community Development will be responsible for increasing the rate of housing stability in CoC-funded projects.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:   2426

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	23%	23%	24%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	33%	35%	38%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	573	23.62	**%**
Unemployment Insurance	43	1.77	**%**
SSI	640	26.38	**%**

SSDI	406	16.74	**%**
Veteran's disability	52	2.14	**%**
Private disability insurance	3	0.12	**%**
Worker's compensation	2	0.08	**%**
TANF or equivalent	178	7.34	**%**
General Assistance	176	7.25	**%**
Retirement (Social Security)	26	1.07	**%**
Veteran's pension	11	0.45	**%**
Pension from former job	12	0.49	**%**
Child support	24	0.99	**%**
Alimony (Spousal support)	0		**%**
Other Source	81	3.34	**%**
No sources	1153	47.53	**%**

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
 (limit 1000 characters)

With the recent planning grant, the CoC has been able to develop project monitoring that, once fully implemented, will include desk reviews and physical site monitoring. A more detailed look at the project outcomes will be an integral part of this structure. It is our hope that this increased capacity will result in a better administrative understanding of the projects and the struggles they face; positioning the CoC to better support the projects and their staff. One feature of the increased monitoring will be to look carefully at participant income and the associated project outcomes. Once we have developed a better understanding of the barriers each project faces in helping its participants increase their income from non-employment sources, we will work to help them develop strategies for overcoming those barriers.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
 (limit 1000 characters)

One of the CoC's projects, the Mobile Resource Team, has, as a primary focus, improving job readiness and helping homeless persons within the BoS CoC acquire employment. Additionally, with the recent planning grant, the CoC has been able to develop project monitoring that, once fully implemented, will include desk reviews and physical site monitoring. A more detailed look at the project outcomes will be an integral part of this structure. It is our hope that this increased capacity will result in a better administrative understanding of the projects and the struggles they face, thus positioning the CoC to better support the projects. One feature of the increased monitoring will be to look carefully at participant income and the associated project outcomes. Once we have developed a better understanding of the barriers each project faces in helping its participants increase employment income, we will work to help them develop strategies for overcoming those barriers.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Through the work of the Federal Grants Unit, the Massachusetts Department of Housing and Community Development will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 2426

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	76%	76%	76%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1657	68.30 %
MEDICAID health insurance	1708	70.40 %
MEDICARE health insurance	266	10.96 %
State children's health insurance	2	0.08 %
WIC	57	2.35 %

VA medical services	100	4.12 %
TANF child care services	18	0.74 %
TANF transportation services	9	0.37 %
Other TANF-funded services	1	0.04 %
Temporary rental assistance	4	0.16 %
Section 8, public housing, rental assistance	278	11.46 %
Other Source	14	0.58 %
No sources	349	14.39 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

As the CoC implements its quarterly desk review of each project, access to mainstream resources will be one of the points monitored. Using this data, DHCD will identify specific projects with low access rates to specific mainstream benefits programs. Once the specific access barriers are identified with agencies, DHCD staff and the state agency partners will develop strategies with the sponsoring agency to address these barriers in an effort to improve access to mainstream resources. In this way, we believe that a 4% increase per year for the next two years is achievable.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)

Through the work of the Federal Grants Unit, the Massachusetts Department of Housing and Community Development will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5:   Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	50	70	84
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	9387	7399	5917

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The Commonwealth has developed a state funded rapid rehousing system called HomeBASE. It is used in two primary ways. The first is by providing rapid rehousing and/or homelessness prevention financial assistance to households as they first become, or are at-risk of becoming homeless. The second primary use has been to serve households whose shallow short term subsidies from other financial resources are ending. As some previous state funded shallow subsidies are ending and some households need a small amount of continued assistance to avoid returning to homelessness. DHCD believes that this represents a temporary surge in need and that the households who are experiencing that phenomenon will reduce once the need subsides. We expect, as a result, that the number of households accessing the HomeBASE program will actually be reduced in the next two years. Finally, ESG resources, expenditures and need are reviewed annually and future expenditure planning adjusted accordingly. As we further educate providers about the value of rapid rehousing versus shelter, we expect to be able to move the resources accordingly into that category.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Through the work of the Federal Grants Unit, the Massachusetts Department of Housing and Community Development will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)

ESG and CoC recipients must meet the HUD definition of homelessness defined by the ESG Interim Rule AND meet one of the following criteria as defined by DHCD: 1) be a homeless adult in an emergency shelter or living in a place not meant for human habitation; or 2) be a homeless family in a non-EA (non – state) funded community shelter; 3) be an individual or family in a domestic violence shelter without access to State rapid rehousing funds ; or 4) be an individual or family currently fleeing or attempting to flee a domestic violence situation with no alternative options for housing. DHCD has established that the maximum amount of assistance available to a household shall not exceed $4,000 in a 12-month period. The maximum amount of assistance available to a household where publicly funded rental assistance is expected to be available shall not exceed $2,000 in a 12-month period. Per 24 CFR, no amount of ESG funded assistance shall exceed
24 months within a three year period.

HomeBASE rapid rehousing services are prioritized for households that are part of the state funded family emergency shelter system.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)

Both CoC and ESG RRH participants receive case management services weekly while enrolled in the program. Staff contact participants in a variety of ways including office meetings, telephone calls and home visits. For participants who receive only upfront costs to end their homelessness or participants who have received a subsidy that has ended, providers are asked to offer quarterly housing retention meetings for a year following the participant leaving the program. Providers reach out to the participant and/or the landlord to determine if the family remains stably housed. It is hoped that this engagement addresses and resolves potential tenancy issues before they become significant and risk the household's tenancy. RRH Case Managers conduct a biannual evaluation of the need for assistance and if the household has sufficient resources to sustain housing. Services are adjusted to what the household needs to retain housing. Built on the principles of housing first, DHCD is working to establish written RRH program standards focusing on the key RRH service elements including case management, provision of temporary financial assistance and landlord engagement.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)

The CoC has two primary forms of RRH services; ESG and HomeBASE. While the services are offered through two separate funding streams their approach to housing stabilization and preservation is both similar and paramount to the essence of the programs. For, at minimum, one year following discharge from the program, providers offer ongoing stabilization services and check in with the clients or landlord to determine if they remain housed. It is hoped that in this way issues that may impact continued tenancy can be addressed before becoming significant. If it is determined that housing is potentially at risk, the provider is expected to re-engage to link appropriate services and supports to resolve the housing crisis and sustain the tenancy.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other?   State Mandated Policy

3B-1.1a If other, please explain.
(limit 750 characters)

The Discharge Planning policy in place is both the CoC and the state policy. State agencies with discharge planning responsibilities are all members of the Massachusetts Interagency Council on Housing and Homelessness (MA ICHH), which implements the Massachusetts 5 year plan to end homelessness. Discharge planning initiatives are monitored by the ICHH Executive Director, with participation of the Balance of State CoC members, the Massachusetts Departments of Public Health, Mental Health, Veterans Services and Housing and Community Development.

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The Department of Children and Families (DCF) is the state agency that provides foster care. DCF is responsible for ensuring that its policy that youth not be routinely discharged into homelessness is followed. DCF uses PAYA Life Skills Curriculum to prepare youth for self-sufficiency. DCF also provides written 'Notice of Intent to Discharge' to each foster care youth age 18 and older and establishes a transition plan with each youth. This plan identifies available resources for the youth to access, the necessary steps to meet targeted goals, the individual(s) responsible to assist the youth, and the appropriate discharge housing arrangement. The BoS CoC convenes regular meetings to bring together providers to share information about discharge planning activities, including updates from DCF, the agency responsible for ensuring all youth are discharged or "age out" to appropriate and stable housing. Discharge examples are: college student housing, family reunification, or own residence within an ind./co-housing setting.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

DCF works closely with the MA ICHH and CoC Collaborative Applicant in ensuring that resources are available to its population of aging out youth. The Balance of State CoC developed a program to fund housing for newly sober aging out youth, specifically those dealing with gender and transgender issues. The CoC worked with DCF staff and the Executive Office of Health & Human services to explore the replication of this project. The BoS Collaborative Applicant has also set aside some state funded subsidies to house youth for whom the traditional path to discharge is not an option. The BoS CoC regularly convenes CoC member agencies to share information about discharge planning activities, including updates from DCF. DCF is ultimately responsible for ensuring that individuals from the FC system are not discharged into homelessness.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place   State Mandated Policy
mandated by the State, the CoC, or other?

3B-2.1a If other, please explain.
(limit 750 characters)

The Discharge Planning policy in place is both the CoC's and state policy. State agencies with discharge planning responsibilities are all members of Massachusetts Interagency Council on Housing and Homelessness (MA ICHH), which implements the MA 5 Year Plan to End Homelessness. Discharge planning initiatives are monitored and coordinated by the Executive Director with participation of Balance of State CoC members and the MA Departments of Public Health, Mental Health, Veterans' Services and DHCD.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Massachusetts' Operational Services Division (OSD) oversees all state procurements, contracts and provides standard contracting language for state agencies that discharging consumers to shelters or places not meant for human habitation is inappropriate. Each state agency is responsible for monitoring contracted provider compliance with these policies. These standards are reviewed during site visits, annual reports, discharge and admissions data, analysis of billing data, and risk management analysis. The Department of Public Health ensures that all of its contracts for healthcare and substance abuse facilities include this language and that discharges are closely monitored. The BoS CoC regularly convenes provider members to share information regarding discharge planning including updates from DPH. Discharge examples: own residence alone, w/ family or w/ visiting nurse; nursing home, or long term care facility.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Several MA state agencies are responsible for healthcare. The Department of Public Health funds substance abuse treatment and residential recovery programs. DPH also funds HIV/AIDS programs. MA Executive Office of Health and Human Services (EOHHS) and DPH are responsible for oversight of the publically funded healthcare system and to ensure that persons being discharged from the healthcare system are not discharged into homelessness. EOHHS is the state agency with overall oversight of publicly funded healthcare. The DPH/Bureau of Substance Abuse Services oversees substance abuse treatment and residential recovery programs. The DPH/AIDS Bureau oversees HIV/AIDS programs.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other?   State Mandated Policy

**3B-3.1a If other, please explain.
(limit 750 characters)**

The Discharge Planning policy in place is both the CoC's and state policy. State agencies with discharge planning responsibilities are all members of Massachusetts Interagency Council on Housing and Homelessness (MA ICHH), which implements the MA 5 Year Plan to End Homelessness. Discharge planning initiatives are monitored and coordinated by the Executive Director, with participation of Balance of State CoC members: the MA Depts. of Public Health, Mental Health, Veterans' Services and DHCD.

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The MA Department of Mental Health (DMH) has regulations and procedures for discharges from state facilities and services, and closely monitors and tracks discharges. DMH homeless policy addresses DMH's responsibilities toward its homeless consumers. This policy states that in no instance shall a person be discharged from an in-patient facility with directions to seek emergency shelter, and that every effort must be made through careful discharge planning to work with the consumer and area resources to seek adequate, permanent housing. All discharges from DMH facilities are documented in a comprehensive database to monitor activity and ensure compliance with current laws and regulations. The BoS CoC regularly convenes provider agencies to share information about discharge planning activities including updates from DMH. Discharge examples: own residence, family reunification, co-housing option or DMH community-based housing option.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

DMH has designated several managers as representatives to the Balance of State CoC and the MA ICHH who work on discharge planning. These managers are responsible for working with and monitoring all CoC providers providing mental health services and they work on discharge planning for participants with severe and chronic mental health issues. Several of the providers are also active CoC members. DMH works with other state agencies and their providers around mental health issues, street outreach and discharge planning. DMH is the state agency responsible for ensuring persons being discharged from the public mental health (MH) system are not discharged to homelessness.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place   State Mandated Policy
mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

The Discharge Planning policy in place is both the CoC's and state policy. State agencies with discharge planning responsibilities are all members of Massachusetts Interagency Council on Housing and Homelessness (MA ICHH), which implements the MA 5 Year Plan to End Homelessness. Discharge planning initiatives are monitored and coordinated by the Executive Director, with participation of Balance of State CoC members: the MA Depts. of Public Health, Mental Health, Veterans' Services and DHCD.

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Department of Correction (DOC) is responsible for ensuring that people leaving correctional institutions are not discharged to homelessness. ICHH's Executive Director convened several meetings in the last year with DOC, and DVS, to develop a protocol for data matching on releases in a statewide effort to increase veteran access to benefits and reduce the risk of becoming homeless. As a result, 6 programs in our CoC are able to further reduce the chance of veterans becoming homeless. DOC also partners with MassHealth to ensure individuals have medical coverage upon release which enables discharge planners to schedule medical and mental health appointments prior to release. Discharge examples: a new home/apt., family reunification, or a DPH sponsored recovery homes.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Compliance is measured by DOC. All inmates are met with at a minimum of six months prior to a confirmed release date to begin developing a comprehensive multidisciplinary focused reentry plan. Inmates identified as at risk for homelessness are referred to a Housing Search Specialist (HSS) available at all DOC facilities. The HSS is a specialized position designed to divert shelter placement upon release, through making housing program referrals in the community, many which are DPH funded. The DOC holds a monthly Institution Reentry Committee meeting at each institution bringing key partners together such as: Director of Treatment, HSS, Medical/Mental Health discharge planner, Parole, Probation, DMH Forensic Transition Team; to further work on a safe housing placement and reentry plan for each releasing offender, highlighting those at risk for homelessness. Additionally, the DOC has established MOU's with SSA (replacement SSA cards) and Veterans Administration (data matching). MA Department of Corrections (DOC) is ultimately responsible for ensuring that persons being discharged from the MA corrections system are not discharged into homelessness.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness?   Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The MA Consolidated Plan (specifically the 2012 Action Plan) contains the following goal which is aligned with the BoS Strategic Plan: Reduce chronic and family homelessness through a housing-based approach, with a long-term goal of ending homelessness. In addition, the below strategies support this objective:
•   Implement HEARTH Act to maximize DHCD's new policies for preventing homelessness and diverting households from emergency shelter with appropriate housing options
•   Provide housing first opportunities for homeless families and individuals
•   Use new resources for rapid rehousing and shelter diversion activities
•   Get chronically homeless people into permanent supportive housing as quickly as possible
•   Reconfigure existing shelter beds where possible toward permanent housing and
•   Improve access mainstream services and public benefit sources.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients.
 (limit 1000 characters)

As the vast majority of homeless households are distributed primarily in the larger urban areas, many CoCs have their own ESG entitlement grants. However, since DHCD receives 50% of the MA ESG funds it has been determined that these funds be distributed statewide in proportion to need. State funds are used to provide emergency shelter, shelter diversion and RRH for homeless individuals and families. To avoid duplication the CoC lead convenes an annual planning meeting of ESG entitlement communities, CoC conveners and regional ICHH networks to discuss how best to address needs with ESG funds through prevention and rapid rehousing services, as well as solicit feedback on how to evaluate program performance. ESG staff formally report on and gather feedback from the CoC Advisory Board annually on the proposed plan of the ESG allocation and the performance of ESG programs. This CoC feedback directly informs the ESG allocation decisions and help inform the CoC's understanding of the performance/effectiveness of ESG programs serving the BoS area.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities.
(limit 1000 characters)

DHCD has available approximately $4,600,000 in ESG funds. We have determined to utilize the funds in this way:
• Up to approximately 35% ($1,615,000) for Rapid Re-housing primarily for homeless individuals;
• Up to approximately 20% ($885,000) for Homelessness Prevention services primarily for families at-risk of homelessness. This amount includes up to $210,000 for Tenancy Preservation Programs;
• Up to approximately 45% ($2,100,000) for Shelter Support, and
• Balance of State receives $256,142 in ESG funding from DHCD MA Non-entitlement grant. 88% ($225,601) of that funding goes towards homelessness prevention and 12% ($30,541) goes towards shelter support.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area.
(limit 1000 characters)

The 2007 report of the MA Commission to End Homelessness reported that despite an investment by the state of more than $100 million annually, homelessness was continuing to rise. While some of this growth reflected structural problems of poverty and housing costs, it also reflected a prioritization of short-term shelter over long-term housing stability. The Commission concluded that an investment in targeted intervention services, combined with policies to improve access to affordable permanent housing could reduce the number of homeless households. This plan is laid out in detail in the Consolidated Plan and is consistent with the number one barrier in the Analysis of Impediments, which is "a lack of resources to improve opportunities for a range of households in impacted areas." The Commonwealth supplements Federal ESG with a flexible household assistance resource called HomeBASE that is available to homeless families. Up to $4,000 of assistance can be used to help families find their own apartment, pay for moving expenses to be where there are better family supports, etc. This resource can be used for rapid-rehousing, homelessness prevention or diversion.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects.
(limit 1000 characters)

The MA BoS CoC collaborative efforts are reflected, in part, by our list of project subrecipients which range from other state agencies to a wide array of homeless service providers. Several members of the MA BoS CoC are actively represented on the MA ICHH including DHCD, DMH, DVS, DMH and DPH. The CoC coordinates with the funding and policies for each of these programs in the following ways:
•   HOPWA: The CoC has two projects that are specifically designed to serve Persons with AIDS. As such, the projects' providers serve on the Planning Committee and the Bureau of Infectious Disease, a part of the Department of Public Health has representation on the CoC Advisory Board.
•   TANF: TANF is managed in the Commonwealth by the Department of Transitional Assistance, a member of the Planning Committee and the CoC Advisory Board.
•   RHY, Head Start and Philanthropic organizations are all coordinated with via the Collaborative Applicant's relationships with nonprofit providers engaged in work funded through these alternate streams. The providers have representation on every committee and the advisory board of the CoC.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness.
(limit 1000 characters)

•   The MA Bos CoC Collaborative Applicant is, itself, a PHA.
•   Braintree and Chelmsford Public Housing Authorities both administer VASH vouchers.
•   The Executive Director of the Saugus Housing Authority serves on the MA BoS CoC Project Ranking and Review Committee, working to assess the effectiveness of CoC projects located outside the Saugus area.
•   The Lawrence Housing Authority has 83 units of Section 8.
•   One of the CoC's providers, operating projects for homeless people within the CoC, is Community Teamwork Inc (CTI.)   CTI is a CAP agency and regional housing authority that mobilizes resources for low-income people, providing opportunities for them to achieve stability, self-sufficiency and a have an active voice and participation in the decisions that affect their lives.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers.
(limit 1000 characters)

The MA BoS CoC has with this year's planning grant increased administrative capacity to closely monitor, supervise and support both the CoC's and ESG's subrecipients. Initially, the CoC conducted an informal survey of subrecipients wherein we outlined Housing First, asking them to self-assess their compliance with the idea of low threshold housing. Using that as a baseline and as a part of the new, more intensive monitoring, the CoC is examining admission practices to determine if the program's approach to admission creates unnecessary barriers to potential program participants. Subrecipients will be encouraged to create admission criteria with the least number of obstacles possible to ensure regulatory compliance and safe functioning of the program. Subrecipient providers will be given support to eliminate those barriers. This support may take the form of technical assistance, staff training, corrective action plans and, in the unlikely event a subrecipient was unable to comply with the regulatory expectation of minimal barriers, possible reassignment of the project to another subrecipient may be necessary.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach.
(limit 1000 characters)

380 of 469 (81%) of the Permanent Supportive Housing beds in the BoS CoC are part of the Twenty two (71%) Permanent Supportive Housing projects that have self-identified as operating their projects in a manner consistent with the Housing First model including: a lack of housing readiness requirements such as medication compliance or being in recovery, offering individualized and client centered supports and having a recovery orientation. Other projects have expressed interest in the model and the CoC will be providing them with support and guidance to help them move toward Housing First.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need.
(limit 1000 characters)

The Commonwealth has established 23 points of entry for family coordinated assessment in the form of Department of Housing and Community Development field offices, four of which are in the communities that are part of the Balance of State CoC. Care is taken to provide culturally competent staff and multilingual staff at each of these offices. When a family presents at any of the DHCD field offices with a housing crises, the Homeless Coordinator or supervisor conducts the standard assessment, screening for eligibility for several mainstream benefits including diversion or rapid rehousing resources and state funded shelter. If shelter is needed, the coordinator facilitates with the DHCD placement unit an emergency shelter placement.

The Commonwealth does not yet have a statewide coordinated assessment system for homeless individuals. Our newly executed planning grant provides us with planning capacity to begin to design and implement this system using the statewide network of shelter and ESG providers as "front doors" for assessment.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach.
(limit 1000 characters)

DHCD and State Agency partners require (via contract) providers market and offer supportive services in a manner that does not discriminate with regard to race, color, national origin, religion, sex, age, familial status and disability. State Agency partners work with providers to develop the skills needed to market these services in culturally sensitive manner. Based on their expertise of the homeless, many CoC service providers have developed procedures to identify and engage the hardest to serve homeless. DHCD requires all supportive housing projects to develop Affirmative Fair Housing Marketing Plan which details the outreach, marketing and engagement procedures a housing program will take to affirmatively market to the households that are least likely to take advantage of these resources. The AFHMP is reviewed and approved by DHCD staff. DHCD monitoring staff will identify subpopulations that are underserved and develop localized strategies with housing partners to develop targeted outreach.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community.
(limit 1000 characters)

The Balance of State has a written policy requiring that all ESG and CoC funded residential programs are aware of the rights and resources available to homeless children. All providers with programs serving homeless families are required to ensure that households with school age children are aware of CoC-funded programs and other resources. They are also required to ensure that children are enrolled in school, and parents of preschool age children in need of early intervention services are aware of those resources. Providers are given a copy of materials on the McKinney Vento resources for homeless children and told how to access the local educational liaison. Follow up to assure that these connections are made is part of the project monitoring conducted by DHCD staff. In addition, DHCD is the state agency responsible for managing the statewide networks of emergency shelter. It also has responsibility for placing families within 20 miles of the families' community of origin whenever possible and for notifying the MA Department of Elementary and Secondary Education of every family emergency shelter placement when there is a school age child in the household.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services.
(limit 1000 characters)

The MA BoS CoC provides local education liaisons with data, information, referral and training to understand the resources available to homeless families with school age children. The Collaborative Applicant (DHCD) is the state agency responsible for managing the statewide network of emergency shelters and locating and paying for overflow capacity for families when the emergency shelters are full. It also has responsibility for placing families within 20 miles of the families' community of origin whenever possible and for notifying the MA Department of Elementary and Secondary Education Education of every family placed in emergency shelter when there is a school age child in the household. The MA BoS CoC requires each ESG and CoC homeless service provider receive regular training and information about McKinney-Vento educational services available for homeless children's education. The providers are also required to ensure that they have designated staff to inform families about the resources available to them in identifying the appropriate school for each child. The Advisory Board helps facilitate this through their planning efforts.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing.
(limit 1000 characters)

The Collaborative Applicant (DHCD) requires providers to establish policies and procedures which ensure families are not separated when entering shelter. DHCD incorporated these requirements into the family shelter contract scope of services. DHCD conducts regular monitoring of family shelter providers to ensure these policies are being complied with. DHCD works closely with SMOC and CTI, the two regional community action agencies to ensure that rapid re-housing efforts are focused on preserving the family unit.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)

Depending on the type of rapid rehousing stabilization provided, the CoC requires housing retention monitoring for 12 to 18 months following participants leaving the program. This type of case management with clients supports their efforts to remain permanently housed.

All providers use HMIS to record episodes of homelessness and assistance provided through a rapid rehousing program. This data is collected at the provider level and used by the MA BoS CoC to monitor client status and inform policy accordingly.

**3C-15 Does the CoC intend for any of its SSO   No
or TH projects to serve families with children
and youth defined as homeless under other
Federal statutes?**

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)

Not Applicable

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?

No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)

Not Applicable

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
 (limit 1000 characters)

The MA BoS CoC aligned its planning efforts with the goals in
Opening Doors, including:
•   Chronic homelessness: The CoC has proposed a new leasing project for 25
Chronically Homeless households. We have secured commitments to prioritize
the chronically homeless for more than 95% of the CoC funded permanent
supported housing beds not already dedicated to them.
•   Veteran homelessness: The MA Bos CoC coordinates with DVS to improve
VASH targeting and performance in an effort to end chronic homelessness
among veterans and to reduce the total number of homeless veterans to under
1000 by 2016.
•   Families/Children/Youth: The MA BoS CoC implemented a Statewide Housing
First Initiative for homeless families. The MA BoS CoC worked with a
statewide commission to develop a plan to end unaccompanied youth
homelessness. This year, our efforts include identifying unaccompanied
homeless youth using the statewide point in time count.
•   The Commonwealth plans to create 1000 units of PSH by 2015.   Targeted
populations are homeless households, households at risk of homelessness, and
those with disabilities. These efforts are all on track to achieve their outcomes.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)

The CoC has no unsheltered homeless families in its PIT count. We accomplish this through a centralized intake and assessment system for families at 23 points of entry within the state. The intake and assessment includes prevention, diversion, immediate placement in shelter or temporary housing and access to needed services.

Outreach teams respond to any report of an unsheltered family with children resulting in immediate placement in alternative housing settings. The United Way 2-1-1 provides information and referral for families. These statewide safety nets are advertised through public information announcements, faith-based organizations, and other service providers.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)

Families fleeing DV receive assistance through a statewide 1-800 number. Information on this statewide safety net is provided to the public through public information announcements, distribution to faith-based organizations, community action agencies, and human service providers. 13% of entries into the state's family shelter system were for domestic violence. The Commonwealth ensures survivors of DV who are experiencing homelessness or are at risk of homelessness have access to the supports they need. The Commonwealth has established an interagency taskforce to ensure that interagency policies were created to support survivor success. This year, the CoC commits to developing a policy designed to ensure the safety of DV victims in all CoC Funded projects.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)

The Massachusetts Legislature established the Special Commission on Unaccompanied Homeless Youth in the fiscal year 2013 legislative session. The goal of the Commission is to ensure a comprehensive and effective response to the unique needs of unaccompanied homeless youth. The commission has analyzed barriers to serving unaccompanied youth who are gay, lesbian, bisexual or transgender; conducted an analysis of the barriers to serving all unaccompanied youth under the age of 18; assessed the impact of mandated reporting requirements on unaccompanied youths' access to services; reviewed the Commonwealth's ability to identify and connect with unaccompanied youth; and developed recommendations to reduce identified barriers to serving this population.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)

The CoC works closely with local police to identify unsheltered homeless persons. These officers connect unsheltered persons to the CoC's Outreach team (ASO). ASO focuses its efforts in more urban areas of the CoC with greater concentrations of persons living in places not meant for human habitation. However, the staff is assigned localized regions and regularly serves all communities within the CoC. The program offers specialized outreach and provides clinical and other services (housing assistance, referrals for MH/SA services) to unsheltered individuals. Over the years, ASO has established close referral/working relationships with all CoC organizations which refer unsheltered homeless persons. Because the CoC is primarily urban/suburban communities there are no geographic barriers.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

Through its community-based network, the CoC and its partners provide a range of PSH options for veterans; including three CoC funded projects specifically for veterans.

NE Veterans Outreach Center and the N.E. Center for Homeless Veterans also provide specialized services and housing to veterans in the CoC. The CoC's Planning Group includes active involvement from the MA DVS, the VA Healthcare for Homeless Program, Veterans, Inc. and Caritas Communities. Their involvement ensures that these specialized housing and services for veterans are aligned with the CoC's strategic goals. The CoC Planning Group was involved in the development of the MA Plan to Prevent and End Homelessness Among Veterans. The Plan's highlights include reducing the homeless veteran PIT count by 1,000 over next 2 years and ending chronic homelessness among veterans. To the extent possible, we will pursue prioritization of Non VA eligible vets for CoC funded veteran housing.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?   Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?   No

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

   Not Applicable

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?   Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
This list contains no items				

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
$499,000					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
HSAI	MA0248L1T161205	$728,217	$229,217	$499,000	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: HSAI

Grant Number of Reduced Project: MA0248L1T161205

Reduced Project Current Annual Renewal Amount: $728,217

Amount Retained for Project: $229,217

Amount available for New Project(s): $499,000
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

The project's subrecipient was able to identify alternative funding for the services provided by the reallocated funds.

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$499,000				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
28	Chelsea-Reve...	PH	$499,000	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing):	28
Proposed New Project Name:	Chelsea-Revere Homeless to Housing
Component Type:	PH
Amount Requested for New Project:	$499,000

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$499,000
Amount requested for new project(s):	$499,000
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals?
(limit 1000 characters)

During the last year, the CoC monitored the performance of subrecipients on HUD established goals by reviewing their Annual Progress Report and their application renewal. Renewal project applications are evaluated for reporting compliance, HMIS participation and data quality. The CoC is hiring a staff person who will conduct individualized monitoring including both a desk review and site visit for every CoC funded project. An intensive closer look at internal practices and project activities will result in deeper understanding of project performance.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals?
(limit 1000 characters)

DHCD provides ongoing monitoring of subrecipient compliance and performance against HUD/CoC requirements. The CoC conducts annual reviews of APRs, quarterly reviews of HMIS data quality reports, and monthly reviews of invoices and attached personnel summary reports. In 2014 DHCD expects to add 2.0 FTEs to enable the CoC to conduct at least annual site monitoring visits with technical assistance to focus on performance goals and HUD compliance. Following each site visit, staff will create a report that includes strengths, technical assistance, compliance findings, and, where relevant, corrective action plans with monthly review / follow up. DHCD regularly provides reports to the CoC Advisory Board on subrecipient's
performance and progress towards the CoC benchmarks.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity?
(limit 1000 characters)

Once an issue is identified, DHCD staff and state partner agencies advise in writing of the project performance issues identified through monitoring. This formal written communication is to ensure the concern(s) and steps to be taken are understood. Each state agency works with its providers to identify the reason for poor performance and identify strategies to make continual improvement. The sub-recipient may request specialized TA through a TA entity retained by DHCD/CoC. For program/organizational capacity issues, the TA provider will conduct an agency review and make short/long-term recommendations to improve capacity. Data quality issues are addressed by TA provided to both sub-recipients and the state agency. If these efforts fail, the CoC provides recommendations to the advisory board with options such as: identifying a new, qualified entity to operate the CoC project, reallocation of funds to another program or more intensive TA through HUD.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)

The CoC is using several strategies to reduce the length of time people experience homelessness. HomeBASE is a flexible financial household assistance state resource that is available to families who are in the state's family shelter
system. Up to $4,000 of Household Assistance can be used to help families find their own apartment, co-house by living with others and sharing household costs, pay for moving expenses to another state or location in- state and for other costs.

The ESG program assists homeless households and households at risk of homelessness to regain stable housing after experiencing a housing crisis. ESG funds are used primarily for rapid rehousing and other emergency responses to homelessness.

The family shelter system provides intensive case management and housing search services to help families end their homelessness quickly.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

Families leaving the state's shelter system are provided stabilization services. These stabilization services are provided for 18 months following the conclusion of the shelter stay. Stabilization services include assistance with accessing mainstream resources, tenancy skill development and advocacy, financial management skills, and additional support services as needed. All providers use HMIS to record episodes of homelessness. Intake and assessment data is collected at the provider level.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)

The CoC works closely with the local police jurisdictions to identify homeless individuals living in places not meant for human habitation. These skilled officers rely on their partnership with the CoC's Aggressive Street Outreach (ASO) team once a homeless individual is identified. ASO offers specialized street outreach and provides clinical and other services (housing assistance, referrals for MH/SA services, help in accessing cash/benefits
programs and case management) to unsheltered, homeless individuals living in places not fit for human habitation. All CoC organizations refer unsheltered homeless persons to ASO. Culturally competent and multilingual ASO staff make multiple attempts to engage each person, and develop plans that address their needs.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding?   Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)

CoC funds for the new project will be used to create one new full time bachelors level case manager position. The project sub recipient values experience and, where all other factors are equal, prefers to
hire employees that have direct, personal experience with homelessness and/or poverty.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?   No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* **Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	84%
* **Homeless assistance providers use a single application form for four or more mainstream programs.**	55%
* **Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	93%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)

Massachusetts was the first state to develop and implement plans for universal healthcare. As a result, we have the lowest rate of uninsured persons of any state in the US. The MA BoS CoC, works to assure that all persons have access to affordable health care. The Commonwealth's family shelter system has multiple front doors, all of which are co-located within MA Department. of Transitional Assistance offices. Mass Health eligibility screening and application are a part of the homelessness screening each household receives when presenting for shelter. CoC member agencies partner to administer a SAMHSA PATH grant which provide eligibility screening and supported application for Mass Health.
This work has resulted in 82% coverage for all homeless persons within the MA BoS CoC.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

The CoC has identified CSPECH – third party billing for behavioral health -– as an avenue to fund case management for chronically homeless persons. We already do this in a few projects and we are exploring its expansion.